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C. THIRD			D. FOURTH	
(specify)		7 (specify)		· .
OPERATOR INFORMATION	HE LESS TO BE SEED OF THE SEED		A MANAGEMENT OF THE	tagethal colored
<del></del>	A, NAME	<del>-</del>	<del></del>	B. Is the name listed in Item VIII-A also the
ALLIED CHEMICAL	CORPORA	TION		owner7  X YES NO
C. STATUS OF OPERATOR (Enter the appropri	te letter into the answe	r box; if "Other" enecifu !	n Buch	NE (area code & no.)
F = FEDERAL M = PUBLIC (other than feder 5 = STATE O = OTHER (specify)		pecify)	S. PHON	4 4 6 4 7 8 8 :
F = PRIVATE	54		A 10 - 10	19 • 21 22 • 28
E. STREET OR P.C	). ВОХ			
O. B.O.X. 1.3.	**************************************			
F. CITY OR TOWN		G.STATE H. ZIP		
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16	/ /	dD 41 42 47 •	31 52	
EXISTING ENVIRONMENTAL PERMITS		PASSE OF SECTION OF		
N I.L. 8.0.4.2.8.0.3. 9		from Proposed Sources	†	
B. UIC (Underground Injection of Fluids)	16 17 (8	(specify)	5	
THE THE PERSON OF THE PERSON O	E. OTHER	1 1 1 1 1 1 1 1	(specify)	<u></u>
U 1.9.8.0 U.I.C 2.0.0.P.9	14 17 18		See Attached S	neet
C. RCRA (Hazardous Wastes)	<del></del>	R (specify)		
R 9			(specify)	
MAP			5 <b> </b> 	Activities and Armanian
stach to this application a topographic map of	the area extending to	at least one mile beyor	nd property bounderies	s. The map must show
ne outline of the facility, the location of each, reatment, storage, or disposal facilities, and exter bodies in the map area. See instructions for	ch well where it nie	cts fluids underground.	narge structures, each Include all springs, riv	of its hazardous waste vers and other surface
1. NATURE OF BUSINESS (provide a brief description			SALVANIA PER PARAMETER PROPERTY.	
	A STATE OF THE PARTY OF THE PAR			
Production of fluorocarbon re Blending and packaging of re				•
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III. CERTIFICATION (see instructions)				
certify under penalty of law that I have person trachments and that, based on my inquiry of	nally examined and a f those persons imm	m familiar with the info	ormation submitted in	this application and all
pplication, I believe that the information is trials information, including the possibility of fin	ue, accurate and com	plete. I am aware that	there are significant p	enalties for submitting
NAME & OFFICIAL TITLE (type or print)	B. SIGNAT			C. DATE SIGNED
P. M. Crosby	1-1-	公かし	-1	
Vice President-Performance C	hemicals /	-47-0		Nov.11, 1980
OMMENTS FOR OFFICIAL USE ONLY				
Form 3510-1 (6-80) REVERSE				II .

Ontinued)  DITIONAL PROCESS CODES OR FOR DESCRIBING OTHER IN	PROCESSES (code "T04"). FOR EACH PRO	CESS ENTERED HERE
1. 4. The catalyst stripper distillation of annual internal inspection. The action neutralized with sodium hydroxide drumming off for disposal in an approximately approxi	idic material including ant e in a 5000 gallon tank true	imony chloride
	•	
CRIPTION OF HAZARDOUS WASTES		
HAZARDOUS WASTE NUMBER — Enter the four—digit number from 4 hazardous wastes which are not listed in 40 CFR, Subpart D, enter the for the toxic contaminants of those hazardous wastes.		
For each characteristic or toxic contaminant entered in column A estimate possess that characteristic or contaminant.		
OF MEASURE — For each quantity entered in column B enter the unit are:	of measure code. Units of measure which mu	st be used and the appropriate
ENGLISH UNIT OF MEASURE CODE. POUNDS	METRIC UNIT OF MEASURE KILOGRAMS	CODEK
cility records use any other unit of measure for quantity, the units of measure the appropriate density or specific gravity of the waste.	sure must be converted into one of the require	ed units of measure taking into
CESSES ROCESS CODES: For listed hazardous waste: For each listed hazardous waste entered in columnicate how the waste will be stored, treated, and/or disposed of at the factor non-listed hazardous wastes: For each characteristic or toxic contamination.	cility.	
ontained in Item III to indicate all the processes that will be used to store		

30: ont hat characteristic or toxic contaminant.

vate: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the ne right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

,ESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by an one EPA Hazardous Waste Number shall be described on the form as follows:

Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual juantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter 'included with above" and make no other entries on that line.

Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

LE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes cosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated ands per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A.					C. UNIT	
AS	ST	E	NO ode)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA SURE (enter code)	1. PROCESS CODES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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n 3510-3 (6-80)

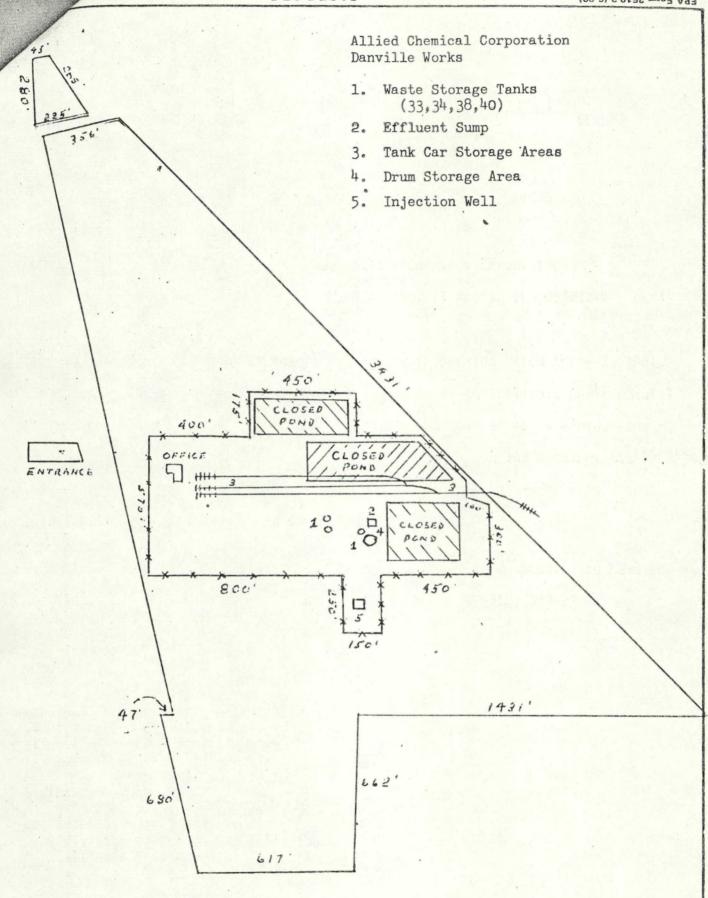
PAGE 2 OF 5

CONTINUE ON PAGE 3

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EPA I.D. No. (enter from page 1)  LT D Q Q 5 1/4 6 13 13 1/4 1/4 c exem	cain faciliti pt bonds iss uncing Author	ued by Illir		-			ntro	1
ACILITY DRAWING existing facilities must include in the space provided on PHOTOGRAPHS	and oak ar drawing	the ocility (see	instructions for mo	re detail)				e e vol.
existing facilities must include photographs (aeria						ing stora	ige,	7):599 E-19
FACILITY GEOGRAPHIC LOCATION	AND DESCRIPTION OF THE PERSON			No.				1,102
LATITUDE (degrees, minutes, & seconds)		L	ONGITUDE (degre	es, minu	tes, & sec	onds)		
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I. FACILITY OWNER	的对话的知识	(1)	River Commence	NEKE		\$ <b>4</b> \$\$\$\$	di Ai	
A. If the facility owner is also the facility operator as li skip to Section IX below.  If the facility owner is not the facility operator as li					" in the b	oox to the	eleft an	nd
1. NAME OF FACIL	ITY'S LEGAL OWN	ER		2	PHONE	NO. (area	code d	& no.)
							1	
3. STREET OR P.O. BOX	T	4. CITY OR TO	A/Al	55   56   5. ST.	- 58	6. ZIP C	62	- 65
3. STREET ON P.O. BOX	G	4. 011 04 10		1			TT	
OWNER CERTIFICATION		Casa in Arrange	Rosobila anala	41 42	47			
ertify under penalty of law that I have personally cuments, and that based on my inquiry of those in bmitted information is true, accurate, and complete cluding the possibility of fine and imprisonment.  NAME (print or type)	ndividuals immedia	tely responsible f there are signific	or obtaining the i	informa submitti	tion, 1 b	elieve th informa	at the	Andrew State
P. M. Crosby	Ful	In Cua				1980		
OPERATOR CERTIFICATION	HUNE HAVE	<b>拉克拉斯斯斯斯</b> 斯斯斯	但是於此時期		<b>通知社</b>	學的	il ye	EL IV
certify under penalty of law that I have personally ocuments, and that based on my inquiry of those in bmitted information is true, accurate, and complete cluding the possibility of fine and imprisonment.	ndividuals immedia	itely responsible f	or obtaining the	informa	tion, 1 b	elieve th	at the	
NAME (print or type)	B. SIGNATURE			C. DA	TE SIGI	NED		
A Form 3510.3 (6.80)	The state of the s		The second secon	-	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, w	CONTIN	UE ON	PAGE 5

OF HAZARDOUS WASTI Continued) A STATE OF THE PROCESS CODES FROM ITEM D(1) ON PAGE 3.

				W	s page before comp.	ancommenced: " 4	have	more	than .	26 w	astes	NOPTHONE STATE	THE PERSON NAMED IN	FICI	AL USE	Form Approved OMB No. 158-S80004
			0	1	5 4 6 3 3 4	471	1	1	W			apar de succession	DU	-	72 036	3 2 DUP
	aF.	SCI	1	1	N OF HAZARDO	US WASTI	FS	conti	1 2	1	JA L	-			MARIAN	
1	T	A.	EPAR	A	B. ESTIMATED		Ic.	UNIT	1	_ortalia	i.in. cittinalina		ber damen ab	imiliti turko		D. PROCESSES
NIN	W (e	AS'	TEI	10. de)	QUANTITY OF	WASTE	0	enter ode)					ss co			2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D 22	0	0	26	3,411	000	1	26 P	S .		1	- 29	27 -	20	27 - 29	ignitable carbon tele mixes
2	b	0	0	2)	157,500	000		T	1	0 2	D	7 9	7	Ho	L. + to	Consine - deep well
2	U	-	1	1	tetrackle	prometho	re			1	-		1	-	er du	Included in above less than
4	D	0	0	3	3,124	000		P	5 0	1		(mi	tio	-m	ethan	Reartine 2.0
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14	<b>MATERIAL</b>	of Street, or other Desired	510		5-80)	3,				GE			OF.		- 79	CONTINUE ON REVERS



SCALE APPROX 14" = 100'

	1	If A was answered Yes, then complete the following as applicable.)
and Post		orting Hazardous waste, a generator:
	ą.	Notified the Administrator in writing?
	b.	Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?
	c.	Met the Manifest requirements?
2.		orting Hazardous Waste, the generator:
	Met	the manifest requirements?
		VIII. Remarks
IARK	S:	Facility waster are computable yet are kept in seperate tanks. All waste
		s waste is injected into a deep well, waste the isturned overing the tanks approx.
inst	es a	day.
		Have a silica gel that have been glaced in a doc small drums. This waste
		hazardous according to USEPA but by state of Ill standards it is hazardous.
_	are	waiting for the state to make a final ruling so it can be dispossed of.
-		The training program is being worked on. Most of the personnel have
con	tra	ined to the needed extent of their jobs. All neccessary material has been
elu	oled	in the outline.
		The contingency plan appears complete. They have the patety equipment
her	it	The contingency plan appears complete. They have the safety equipment is needed along with drains in the eurbed areas that collects the spillmateria
15.	P	imped into the well.
	,	

## VII. CLOSURE AND POST CLOSURE (Part 265 Subpart G)

1/			Yes	No	NI*	Remarks
(A)	Clo	sure and Post Closure				
	1.	Is the facility closure plan available for inspection by May 19, 1981?	X		_	
	2.	Has this plan been submitted to the Regional Administrator	X			Sent to Regional Office
	3.	Has closure begun?	-	X		Court with the residence of the first of the
	4.	Is closure estimate available by May 19, 1981?	X			
(B)	Pos	t closure care and use of property				
	a. p	the owner or operator supplied ost closure monitoring plan? fective by May 19, 1981)			<u>x</u> _	
		Strette, etc.				
		VIII. FACI				and the state of the second
		VIII. FACI	bpart I	s I t	hru R)	
Faci	lity	VIII. FACI (Part 265, Su	bpart I	s I t	hru R)	S Inspection: 3/16/82
Faci	lity	VIII. FACI (Part 265, Su USE AND MANAGEM	bpart I ENT 0	s I t	hru R) ITAINERS	
Faci		VIII. FACI (Part 265, Su USE AND MANAGEM	bpart I ENT 0	s I t F CON _ Da	hru R) ITAINERS	Inspection: 3/16/82
Faci	1.	VIII. FACI (Part 265, Su  USE AND MANAGEM Name: Allied Chemical	I IENT O	s I t F CON _ Da	hru R) ITAINERS	Inspection: 3/16/82
Faci	1.	VIII. FACI (Part 265, Su  USE AND MANAGEM Name: Allied Chemical  Are containers in good condition?  Are containers compatible with	I IENT O	s I t F CON _ Da	hru R) ITAINERS	Inspection: 3/16/82
Faci	1. 2. 3.	VIII. FACI (Part 265, Su  USE AND MANAGEM Name: Allied Chemical  Are containers in good condition?  Are containers compatible with waste in them?	I IENT O	s I t F CON _ Da	hru R) ITAINERS	Inspection: 3/16/82
Faci	1. 2. 3.	VIII. FACI (Part 265, Su  USE AND MANAGEM  Name: Allied Chemical  Are containers in good condition?  Are containers compatible with waste in them?  Are containers stored closed?  Are containers managed to prevent	I ENT O	s I t F CON _ Da	hru R) ITAINERS	Inspection: 3/16/82